

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 11 / 1806

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. ANTHONY ADAMS

Mailing Address 8 ROBINSON ROAD, MID-LEVELS

FLAT 24A BLOCK 2, ROBINSON HEIGHTS

City State Zip Code

HONG KONG

FF

99999-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTSPRING INVESTMENTS

Occupation

FUND MANAGER

Receipt For: 2016

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.114021**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

MR. BLAIR ADAMS

Mailing Address 600 CORPORATE DRIVE

SUITE 650

City State Zip Code

FORT LAUDERDALE

FL

33334-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADAMS BENEFIT CORPORATION

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.119632**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

BOYCE ADAMS

Mailing Address 1711 WAVERLY PLACE

City State Zip Code

WEST POINT

MS

39773-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANKTEL

Occupation

BANKING SOFTWARE

Receipt For: 2016

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.118956**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

5900.00

Total This Period (last page this line number only) .....